

**STATE OF GEORGIA**  
**CAMPAIGN CONTRIBUTION DISCLOSURE REPORT**

Electronically Filed With \_\_\_\_\_  
(City or County Filing Officer)

Date of This Filing: \_\_\_\_\_

Name of Public Officer or Candidate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

Name of Public Office Held or Sought: \_\_\_\_\_  
(Include County, Municipality, District, Post or Judicial Circuit)

**PAPER NOTARIZED AFFIDAVIT REQUIRED FOR ANY CAMPAIGN CONTRIBUTION  
DISCLOSURE REPORTS FILED ELECTRONICALLY.**

SEND TO:  
State Ethics Commission  
205 Jesse Hill Jr. Drive, S.E.  
Suite 478 – East Tower  
Atlanta, GA 30334

State of Georgia

County of \_\_\_\_\_

I, the undersigned, being duly sworn, do swear or affirm, certify and say that the Campaign Contribution Disclosure Report that I have filed electronically (this affidavit and the information hereinabove set forth constitute the first portion thereof) is true, complete, and correct to the best of my knowledge and belief.

Sworn to and subscribed before me on \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Affiant Filer

My Commission Expires on \_\_\_\_\_, 20 \_\_\_\_\_.